



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF MEDICAL LICENSURE AND DISCIPLINE
MIDWIFERY ADVISORY COUNCIL
EMERGENCY CARE FORM

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

Name of Patient: _____

Anticipated address at time of delivery: _____

Number of miles between patient's address and nearest hospital: _____

Name of hospital: _____

Telephone numbers for hospital: _____

Telephone numbers for health care providers: _____

This plan sets forth the planned referrals during the pregnancy should a risk factor occur which requires consultation with or transfer of primary responsibility for maternal or neonatal care to a licensed health care provider or which requires maternal or infant transport to a licensed health care facility capable of providing necessary or emergency services, including cesarean section.

- I. For any non-pregnancy related condition that requires care by a licensed health care provider, care will be provided by: _____ for the care of the mother.
- II. Conditions which indicate immediate termination of the midwife's role as the primary provider of maternity/newborn care shall be handled by immediate referral to: _____ for care of the mother or: _____ for care of the infant.
- III. Should emergency transport of the mother or newborn be required, transport will be to: _____ with the mother's care referred to: _____ and the infant's care referred to: _____
Estimated time for transport if greater than 30 minutes: _____

Signature of Patient: _____

Signature of Midwife: _____

Date _____